

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
In this community 7 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Frances Tamplin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ---- 6. (c) Age of husband or wife if ---- years

7. Birth date of deceased October 23 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Peoria Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----

MOTHER FATHER { 12. Name George Tamplin  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Hughes  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mabel Turner  
(b) Address 128 North Lawn Avenue

17. (a) Cremation (b) Date thereof Dec. 27, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 12-26-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 128 North Lawn Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ---- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th  
year 1941 hour 4 minute 12 A. M.

21. I hereby certify that I attended the deceased from Dec. 23rd  
1941 to Dec. 24 1941  
that I last saw her alive on Dec. 23rd 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute  
edema of the larynx  
Due to Peritonsillar Abscess

Due to Acute follicular tonsillitis

Other conditions Secondary Anemia; Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Incision in abscess  
Of operations or swelling at side of throat  
Of autopsy No post found.  
115C2  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ----  
(b) Date of occurrence ----  
(c) Where did injury occur? ---- (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ----

While at work? ---- (Specify type of place) (b) Manner of injury M. D. O

23. Signature Charles K. Shephard (M. D. or other)  
Address Prof. Bldg. K. C. Mo. Date signed 12-24-41

616 Professional 10049  
11:30-1; 2-3

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed.....

*Emile W. Calhoun*

Licensed Embalmer No. ....

*3506*

P. O. Address.....

*K. C. Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**